

**4/24/2020**

COVID-19 case numbers continue to rise domestically and internationally, but the pandemic curve is flattening in the most affected countries. Hospitalization rates and death rates also continue to decline. Even so, the number of deaths nationally is approaching 50,000. In Virginia, we have experienced increasing numbers of new cases for the past several days. Over half of those numbers reflect outbreaks in a correctional facility and a long term care facility. Our hospital capacity continues to be in good shape. There is good ICU capability and about 22% of ventilators are in use currently. Our current social distancing measures are working, but we must remember that there are still substantial numbers of new cases every day, the virus is still out there and the risk of transmission remains very real.

We are learning more about this virus every day. The range of symptoms it can cause is very impressive, and it can masquerade as many other illnesses. It looks like it can attack many systems in the body, and its worst expression remains the Severe Acute Respiratory syndrome for which it is named. We do produce antibodies to infection, but the quality and duration of immunity remains unknown. There is evidence emerging in a study by DHS that the virus may decrease its half life in conditions of higher humidity and in direct sunlight on surfaces and in aerosol forms, but how this affects the pandemic in the summer months remains to be seen. I think most national level infectious disease authorities are expecting the virus to be less active in the summer months. If this happens, it will help us as the country resumes activity over the next several months.

Thus far no effective antiviral therapies against COVID 19 have been confirmed. Vaccine development efforts are proceeding in many countries around the world.

Shortages of PPE and testing capability remain, but both are improving. We have good testing ability now, and we are performing large scale testing in facility settings when indicated. Outbreaks in Long Term Care Facilities, correctional facilities, and congregate settings, are a prominent feature of this phase of the pandemic and are keeping our case counts elevated. Going forward, a mix of the nasopharyngeal swab tests we use now and antibody tests will allow us to track who is currently infected and who has been infected with more accuracy.

There is a lot of discussion about relaxing restrictions and resuming business. Some states are doing this already. We have not seen a decline in cases yet in Virginia, so we are maintaining the only measure that controls this virus – denying it the ability to spread. I am convinced that we must do this gradually with social isolation employed when able, and should not be premature in coming out of our current stay at home posture. Case identification and isolation, contact tracing and quarantine will remain imperative. **Once again, we must continue staying at home, wearing cloth face coverings when we must go out in public, washing our hands, sanitizing surfaces, avoiding large groups, practicing respiratory etiquette, and avoiding anyone who is sick.** Many of these measures will need to be maintained throughout our recovery efforts. It is important to remember that if you are sick at all, even if your symptoms do not feel like COVID 19, stay at home and consult your health care provider. The virus can fool us all. Difficulty breathing remains a sign of possible serious disease, if this develops seek help very quickly.